

# PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For Receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum)

S0677 GC/rfu

### Box No. I TITLE OF INVENTION

System and method for establishing an xDSL data transfer link

### Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

INFINEON TECHNOLOGIES AG  
St.-Martin-Str. 53  
81669 Munich  
Germany

☐ This person is also inventor.

Telephone No.

Facsimile No.

Teleprinter No.

State (that is, country) of nationality:

DE

State (that is, country) of residence:

DE

This person is applicant for the purposes of:

☐

all designated States

☒

all designated States except the United States of America

☐

the United States of America only

☐

the States indicated in the Supplemental Box

### Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

PORAT, Boaz  
39 A Shimshon Street  
Haifa 34678  
Israel

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

IL

State (that is, country) of residence:

IL

This person is applicant for the purposes of:

☐

all designated States

☐

all designated States except the United States of America

☒

the United States of America only

☐

the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

### Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒

agent

☐

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

CHARLES, Glyndwr  
Reinhard, Skuhra, Weise & Partner GbR  
Friedrichstr. 31; 80801 Munich  
Post Box 440151; 80750 Munich  
Germany

Telephone No.

+49/89/3 81 61 00

Facsimile No.

+49/89/3 40 14 79

Teleprinter No.

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

## Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

*If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

FLEISCHHACKER, Christian  
Magdalensberg 10

9064 Pischeldorf  
Austria

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

AT

State (that is, country) of residence:

AT

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

STABER, Michael  
Rennsteinerstr. 18

9500 Villach  
Austria

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

AT

State (that is, country) of residence:

AT

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

WEINBERGER, Hubert  
Soboth 162

8540 Soboth  
Austria

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

AT

State (that is, country) of residence:

AT

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

☐ applicant only

☐ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☐ the United States of America only

☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

**Box No.V DESIGNATION STATES**

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes, at least one must be marked):

**Regional Patent**

- ☒ **AP** **ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ **EA** **Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP** **European Patent:** AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA** **OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....

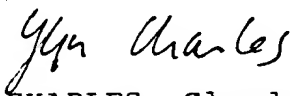
**National Patent (if other kind of protection or treatment desired, specify on dotted line):**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>AE</b> United Arab Emirates                        | <input checked="" type="checkbox"/> <b>LC</b> Saint Lucia                                     |
| <input checked="" type="checkbox"/> <b>AG</b> Antigua and Barbuda                         | <input checked="" type="checkbox"/> <b>LK</b> Sri Lanka                                       |
| <input checked="" type="checkbox"/> <b>AL</b> Albania .....                               | <input checked="" type="checkbox"/> <b>LR</b> Liberia   |
| <input checked="" type="checkbox"/> <b>AM</b> Armenia .....                               | <input checked="" type="checkbox"/> <b>LS</b> Lesotho .....                                   |
| <input checked="" type="checkbox"/> <b>AT</b> Austria .....                               | <input checked="" type="checkbox"/> <b>LT</b> Lithuania                                       |
| <input checked="" type="checkbox"/> <b>AU</b> Australia .....                             | <input checked="" type="checkbox"/> <b>LU</b> Luxembourg                                      |
| <input checked="" type="checkbox"/> <b>AZ</b> Azerbaijan .....                            | <input checked="" type="checkbox"/> <b>LV</b> Latvia  |
| <input checked="" type="checkbox"/> <b>BA</b> Bosnia and Herzegovina .....                | <input checked="" type="checkbox"/> <b>MA</b> Morocco .....                                   |
| <input checked="" type="checkbox"/> <b>BB</b> Barbados                                    | <input checked="" type="checkbox"/> <b>MD</b> Republic of Moldova .....                       |
| <input checked="" type="checkbox"/> <b>BG</b> Bulgaria .....                              | <input checked="" type="checkbox"/> <b>MG</b> Madagascar .....                                |
| <input checked="" type="checkbox"/> <b>BR</b> Brazil .....                                | <input checked="" type="checkbox"/> <b>MK</b> The former Yugoslav Republic of Macedonia ..... |
| <input checked="" type="checkbox"/> <b>BY</b> Belarus .....                               | <input checked="" type="checkbox"/> <b>MN</b> Mongolia  |
| <input checked="" type="checkbox"/> <b>BZ</b> Belize .....                                | <input checked="" type="checkbox"/> <b>MW</b> Malawi .....                                    |
| <input checked="" type="checkbox"/> <b>CA</b> Canada                                      | <input checked="" type="checkbox"/> <b>MX</b> Mexico .....                                    |
| <input checked="" type="checkbox"/> <b>CH and LI</b> Switzerland and Liechtenstein        | <input checked="" type="checkbox"/> <b>MZ</b> Mozambique                                      |
| <input checked="" type="checkbox"/> <b>CN</b> China .....                                 | <input checked="" type="checkbox"/> <b>NO</b> Norway  |
| <input checked="" type="checkbox"/> <b>CR</b> Costa Rica .....                            | <input checked="" type="checkbox"/> <b>NZ</b> New Zealand .....                               |
| <input checked="" type="checkbox"/> <b>CU</b> Cuba .....                                  | <input checked="" type="checkbox"/> <b>PL</b> Poland .....                                    |
| <input checked="" type="checkbox"/> <b>CZ</b> Czech Republic .....                        | <input checked="" type="checkbox"/> <b>PT</b> Portugal .....                                  |
| <input checked="" type="checkbox"/> <b>DE</b> Germany .....                               | <input checked="" type="checkbox"/> <b>RO</b> Romania   |
| <input checked="" type="checkbox"/> <b>DK</b> Denmark .....                               | <input checked="" type="checkbox"/> <b>RU</b> Russian Federation .....                        |
| <input checked="" type="checkbox"/> <b>DM</b> Dominica                                    | <input checked="" type="checkbox"/> <b>SD</b> Sudan   |
| <input checked="" type="checkbox"/> <b>DZ</b> Algeria .....                               | <input checked="" type="checkbox"/> <b>SE</b> Sweden  |
| <input checked="" type="checkbox"/> <b>EE</b> Estonia .....                               | <input checked="" type="checkbox"/> <b>SG</b> Singapore                                       |
| <input checked="" type="checkbox"/> <b>ES</b> Spain .....                                 | <input checked="" type="checkbox"/> <b>SI</b> Slovenia .....                                  |
| <input checked="" type="checkbox"/> <b>FI</b> Finland .....                               | <input checked="" type="checkbox"/> <b>SK</b> Slovakia .....                                  |
| <input checked="" type="checkbox"/> <b>GB</b> United Kingdom                              | <input checked="" type="checkbox"/> <b>SL</b> Sierra Leone .....                              |
| <input checked="" type="checkbox"/> <b>GD</b> Grenada                                     | <input checked="" type="checkbox"/> <b>TJ</b> Tajikistan .....                                |
| <input checked="" type="checkbox"/> <b>GE</b> Georgia .....                               | <input checked="" type="checkbox"/> <b>TM</b> Turkmenistan .....                              |
| <input checked="" type="checkbox"/> <b>GH</b> Ghana .....                                 | <input checked="" type="checkbox"/> <b>TR</b> Turkey .....                                    |
| <input checked="" type="checkbox"/> <b>GM</b> Gambia                                      | <input checked="" type="checkbox"/> <b>TT</b> Trinidad and Tobago .....                       |
| <input checked="" type="checkbox"/> <b>HR</b> Croatia .....                               | <input checked="" type="checkbox"/> <b>TZ</b> United Republic of Tanzania                     |
| <input checked="" type="checkbox"/> <b>HU</b> Hungary .....                               | <input checked="" type="checkbox"/> <b>UA</b> Ukraine .....                                   |
| <input checked="" type="checkbox"/> <b>ID</b> Indonesia                                   | <input checked="" type="checkbox"/> <b>UG</b> Uganda .....                                    |
| <input checked="" type="checkbox"/> <b>IL</b> Israel .....                                | <input checked="" type="checkbox"/> <b>US</b> United States of America .....                  |
| <input checked="" type="checkbox"/> <b>IN</b> India .....                                 | <input checked="" type="checkbox"/> <b>UZ</b> Uzbekistan .....                                |
| <input checked="" type="checkbox"/> <b>IS</b> Iceland                                     | <input checked="" type="checkbox"/> <b>VN</b> Viet Nam .....                                  |
| <input checked="" type="checkbox"/> <b>JP</b> Japan .....                                 | <input checked="" type="checkbox"/> <b>YU</b> Yugoslavia .....                                |
| <input checked="" type="checkbox"/> <b>KE</b> Kenya .....                                 | <input checked="" type="checkbox"/> <b>ZA</b> South Africa .....                              |
| <input checked="" type="checkbox"/> <b>KG</b> Kyrgyzstan .....                            | <input checked="" type="checkbox"/> <b>ZW</b> Zimbabwe .....                                  |
| <input checked="" type="checkbox"/> <b>KP</b> Democratic People's Republic of Korea ..... |   |
| <input checked="" type="checkbox"/> <b>KR</b> Republic of Korea .....                     |   |
| <input checked="" type="checkbox"/> <b>KZ</b> Kazakhstan .....                            |   |

Check-box reserved for designating States which have become party to the PCT after issuance of this sheet:




**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

<b>Box No. VI PRIORITY CLAIM</b>		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.		
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: * regional Office	international application: receiving Office
item (1)				
item (2)				
item (3)				
<input type="checkbox"/> The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): _____				
<i>* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.</i>				
<b>Box No. VII INTERNATIONAL SEARCHING AUTHORITY</b>				
<b>Choice of International Searching Authority (ISA)</b> (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):		<b>Request to use results of earlier search; reference to that search</b> (if an earlier search has been carried out by or requested from the International Searching Authority):		
ISA /		Date (day/month/year)	Number	Country (or regional Office)
<b>Box No. VIII CHECK LIST; LANGUAGE OF FILING</b>				
This international application contains the following number of sheets: request : 4 description (excluding sequence listing part) : 15 claims : 5 abstract : 1 drawings : 9 sequence listing part of description : _____ <b>Total number of sheets : 34</b>		This international application is accompanied by the item(s) marked below: 1. <input type="checkbox"/> fee calculation sheet 2. <input type="checkbox"/> separate signed power of attorney 3. <input checked="" type="checkbox"/> copy of general power of attorney: reference number, if any: <b>42810</b> 4. <input type="checkbox"/> statement explaining lack of signature 5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 6. <input type="checkbox"/> translation of international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form 9. <input type="checkbox"/> other (specify):		
Figure of the drawings which should accompany the abstract: 2		Language of filing of the international application: <b>english</b>		
<b>Box No. IX SIGNATURE OF APPLICANT OR AGENT</b>				
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).				
Munich, February 13, 2001  CHARLES, Glyndwr				

For receiving Office use only	
1. Date of actual receipt of the purported international application: _____ 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: _____ 4. Date of timely receipt of the required corrections under PCT Article 11(2): _____ 5. International Searching Authority (if two or more are competent): <b>ISA /</b>	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received: 6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.

For International Bureau use only
Date of receipt of the record copy by the International Bureau: _____

 ☒ EPA / EPO / OEB  
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089 / 2399 - 0  
Tx 523 656 epmu d  
Fax 089 / 2399 - 4465

<b>E i n g e g a n g e n</b> Reinhard • Skuhra • Weise & Partner Europäisches Patentamt	
21. Feb. 2001	
Frist 13.03.01	Erl.

European  
Patent Office

Office européen  
des brevets

EPA/EPO/OEB - D - 80298 München

Reinhard, Skuhra, Weise & Partner GbR  
Patentanwälte  
Friedrichstraße 31, D - 80801 München  
Tel. 0 89 / 38 16 100

Nr. der Anmeldung / Application No. / Demande de brevet n°

PCT/EP 0 1 / 0 1 5 5 9

Tag des Eingangs / Date of receipt / Date de réception

13.02.01

Zeichen des Anmelders / Vertreter - Applicant / Representative  
ref. No. - Référence du demandeur ou du mandataire

S0677 GC/rfu

Anmelder / Applicant / Demandeur: INFINEON TECHNOLOGIES AG Datum / Date: February 13, 2001

**Empfangsbescheinigung / Receipt for documents / Récépissé de documents**

Das Europäische Patentamt bescheinigt hiermit den Empfang folgender Dokumente :

The European Patent Office hereby acknowledges the receipt of the following :

L'Office européen des brevets accuse réception des documents indiqués ci-dessous :

**A. Internationale Anmeldung / International application / Demande internationale**

Stückzahl / No. of  
copies / Nombre  
d'exemplaires

☒ Kopie der allgemeinen Vollmacht  
Copy of general power of attorney  
Copie du pouvoir général

☒ Antrag / Request / Requête

1

☒ Beschreibung (ohne Sequenzprotokollteil)  
Description (excluding sequence listing part)  
Description (sauf partie réservée au listage  
des séquences)

3

☒ Patentansprüche / Claim(s) / Revendication(s)

3

☒ Zusammenfassung / Abstract / Abrégé

3

☒ Zeichnung(en) / Drawing(s) / Dessin(s)

3

☐ Sequenzprotokollteil der Beschreibung  
Sequence listing part of description  
Partie de la description réservée au listage  
des séquences

—

☐ Beigefügte Unterlagen / Accompanying  
items / Eléments joints

—

☐ Prioritätsbeleg(e)  
Priority document(s)  
Document(s) de priorité

Gesonderte Angaben zu hinterlegten  
Mikroorganismen oder anderem biologischen  
Material

☐ Separate indications concerning deposited micro-  
organism or other biological material  
Indications séparées concernant des micro-  
organismes ou autre matériel biologique déposés

☐ Protokoll der Nucleotid- und/oder  
Aminosäuresequenzen in computerlesbarer Form  
Nucleotide and/or amino acid sequence listing in  
computer readable form  
Listage des séquences de nucléotides ou d'acides  
aminés sous forme déchiffable par ordinateur

☐ Abbuchungsauftrag  
Debit order  
Ordre de débit

Währung/Currency/Monnaie  
Betrag/Amount/Montant

**B. Beigefügte Dokumente / Accompanying documents / Documents joints**

☐ Blatt für die Gebührenberechnung  
Fee calculation sheet  
Feuille de calcul des taxes

☐ Gesonderte unterzeichnete Vollmacht  
Separate signed power of attorney  
Pouvoir distinct signé

☐ Scheck  
Cheque  
Chèque

Ausfüllung freigestellt/  
Optional/facultatif

☐ Sonstige Unterlagen (einzeln aufführen)  
Other documents (specify)  
Autres documents (préciser)

Die genannten Unterlagen sind am oben genannten Tag eingegangen. Die in der Kontrollliste (Feld VIII) des PCT-Antragsformulars RO/101 angegebenen Blattzahlen wurden bei Eingang nicht geprüft. Die Anmeldung hat die ebenfalls oben angeführte Anmeldenummer erhalten. The said items were received on the date indicated above. No check was made on receipt that the number of sheets indicated in the check list (box VIII) of the PCT Request Form RO/101 were correct. The application has been assigned the above-indicated application number / Les documents mentionnés ont été reçus à la date indiquée. L'exactitude du nombre de feuilles indiqué au bordereau (cadre VIII) du formulaire de requête PCT RO/101 n'a pas été contrôlée lors du dépôt. Le numéro figurant ci-dessus a été attribué à la demande de brevet

D-80298 München

F. Mole

Unterschrift / Amtsstempel / Signature / Official Stamp / Signature / Cachet officiel